

ACT/037/028

- SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

- ☐ Show to whom and date delivered.....¢
☐ Show to whom, date, and address of delivery.....¢
☐ RESTRICTED DELIVERY
Show to whom and date delivered.....¢
☐ RESTRICTED DELIVERY
Show to whom, date, and address of delivery. \$____
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO: STEVE NIELSON
MINERALS WEST, INC.
P.O. BOX 698
MONTICELLO, UTAH 84535

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	538694	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☒ Addressee ☐ Authorized agent

4.

DATE OF DELIVERY

5/10/79

5. ADDRESS(Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S
INITIALS



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP CODE in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Moisten gummed ends and attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



**RETURN
TO**



STATE OF UTAH
Department of Natural Resources
Division of Oil and Gas Conservation
388 West North Temple
Salt Lake City, Utah 84116

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

No. 538694

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO				
STEVE NIELSON				
STREET AND NO.				
Minerals West, Inc.				
P.O., STATE AND ZIP CODE				
BOX 698, MONTI., UT 84535				
POSTAGE			\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE		€
		SPECIAL DELIVERY		€
	RETURN RECEIPT SERVICE	RESTRICTED DELIVERY		€
		SHOW TO WHOM AND DATE DELIVERED		€
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		€
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		€
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		€
	TOTAL POSTAGE AND FEES			\$

POSTMARK OR DATE

5/7/79

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.